

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

08621

183

1. PLACE OF DEATH:

County POTOMAC RIVER St. Mary's
 City or town WHITE POINT
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? FEW Hrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County P. Hen.
 City or town Washington D.C.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4434 St. Barnabas Road S.E.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

William H. Clifton Sr.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Adeline E. Clifton
 6.(c) If alive, give age 42 years
 7. Birth date of deceased (mo., day, yr.) Dec 23, 1905

8. AGE: Years 42 Months 9 Days 26 If less than one day
hrs.min.

9. Birthplace Sherr Hill, Prince Georges Co.
 (Town, county, and state)

10. Usual occupation Plant Operator

11. Industry or business

12. Name William E. Clifton
 13. Birthplace Prince Georges Co.
 14. Maiden name Lillie Evans
 15. Birthplace Kyrassia

16. Informant William E. Clifton
 Address 4434 St. Barnabas Road S.E.

17. Burial Date thereof Aug 24 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Barnabas
 Location Washington D.C. Capital Hill

18. Funeral director W. B. Easton & Sons
 Address Leonardtown Md.

19. Aug 21 19 48 J. C. Cavalier M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug. 19 19 48 at 2 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen 19 48
 and that I last saw him alive on 19 48

Immediate cause of death

Asphyxia
drowning

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/19/48
 Where did injury occur? White Point, St. Mary's Md.
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Potomac River

Means of injury drowning Injured at work? no

23. SIGNATURE John I. Lauer M. D. or other

Address Leonardtown Md. Date signed 8/21/48

RECEIVED

AUG 24 '1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159

08622

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's
 City or town Rural, Great Mills
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Cleveland Jerome Combs

(TWIN # 2)

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8-16-48

8. AGE:

Years

Months

Days

If less than one day

3 hrs.

min.

9. Birthplace

Great Mills, Md.
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER
MOTHER

12. Name

Dr. J. Combs

13. Birthplace

Valley Lee, Md.

14. Maiden name

Frances M. Combs

15. Birthplace

Great Mills, Md.

16. Informant

Dr. Combs

Address

Great Mills, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

8-17-48
(month) (day) (year)

Cemetery or crematory

Holy Face

Location

Great Mills, Md.

18. Funeral director

Dr. Combs

Address

Great Mills, Md.19. 8-16-48

(Date rec'd by registrar)

P. J. Beau M.D.
P. J. Beau Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

St. Mary's

City or town

Rural, Great Mills
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

(TWIN # 2)

MEDICAL CERTIFICATION

20. DATE OF DEATH

August, 16, 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 16, 1948 to Aug. 16, 1948

and that I last saw him alive on

Aug. 16, 1948

Immediate cause of death

DURATION

Premature birth (6 months)
15. cause undetermined

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. J. Beau M.D.

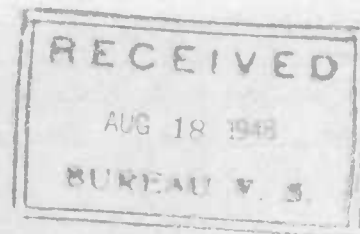
M. D. or other

Address

Great Mills, Md.

Date signed

8-16-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's

City or town Rural, Great Mills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Rural, Great Mills
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Francis Xavier Combs

(TWIN #1)

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8-16-1948

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

2 1/2 hrs.

9. Birthplace

Great Mills, Md. 58.11.50
(Town, county, and state)

10. Usual occupation

none

11. Industry or business

FATHER

12. Name

Fra. J. Combs

13. Birthplace

Valley Lee, Md.

MOTHER

14. Maiden name

Frances M. Cameron

15. Birthplace

Beaumont, Md.

16. Informant

Fra. Combs

Address

Great Mills Md

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

8-17-48
(month) (day) (year)

Cemetery or crematory

Holy Face

Location

Great Mills Md

18. Funeral director

Fra. Combs

Address

Great Mills Md

19.

8-16-48
(Date rec'd by registrar)

P. J. Bean, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 19 48 at 4:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 16 19 48 to Aug 16 19 48
and that I last saw him alive on Aug. 16 19 48

Immediate cause of death

Premature birth (6 months)
Cause undetermined

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE

P. J. Bean, M.D.

M. D. or other

Address Great Mills Md Date signed 8-16-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate exact age is especially important. Physicians: please write the causes of death clearly and legibly.

08623

159

RECEIVED

AUG 18 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County ST. MARYS
 City or town PIXY POINT (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD. County ST. MARYS
 City or town TALL TIMBERS (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war - NONE

3. (a) FULL NAME

JOHN ANDREW FENWICK

3. (b) Social Security Number

NONE

4. Sex MALE 5. Color or race COLORED 6.(a) Single, married, widowed, or divorced WIDOWER
 6.(b) Name of husband or wife SUSIE FENWICK
 6.(c) If alive, give age 48 years
 7. Birth date of deceased (mo., day, yr.) FEB ? 1866
 8. AGE: Years 82 Months 6 Days unknown hrs. min.
 9. Birthplace PIXY POINT, ST. MARYS, MD.
 (Town, county, and state)
 10. Usual occupation FARMER

11. Industry or business NONE
 12. Name NEELY FENWICK
 13. Birthplace ST. MARYS CO. Md.
 14. Maiden name MARIA - FENWICK
 15. Birthplace ST. MARYS CO. Md.
 16. Informant ELIZABETH MONROE
 Address PIXY POINT, MD.
 17. BURIAL Date thereof Aug 29 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory ST. GEORGE
 Location VALLEY LEE, MD.
 18. Funeral director W.C. MATTINGLEY SONS
 Address LEONARDTOWN, MD.
 19. Aug 27 19 48
 (Date recorded by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 19 48 at 3:40 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 16 19 48 to Aug. 25 19 48
 and that I last saw him alive on Aug 25 19 48
 Immediate cause of death Cerebral hemorrhage
 Due to General arterio sclerosis DURATION 7 days
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE P. J. Ryan, M.D. M. D. or other
 Address P. J. Ryan, M.D. Date signed 8-27-48

RECEIVED

AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County St. Mary'sCity or town Charlotte Hall
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State Md. County St. Mary'sCity or town Charlotte Hall
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Appelonia Grone

3. (b) Social Security Number

4. Sex

F

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Benjamin Grone

7. Birth date of deceased (mo., day, yr.)

Nov. 15, 1873

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

74104

hrs.

min.

9. Birthplace

St. Mary's co. Md.
(Town, county and state)

10. Usual occupation

House work

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Aug. 27/48
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 August 1948 at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

9th August 1948 to 19 Aug 1948and that I last saw him alive on 19 Aug 1948

Immediate cause of death

Hypostatic pneumonia

DURATION

2 days

Due to

Cardiac failure10 days

Due to

Arteriosclerotic cordis
vascular disease with
Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)Injured at home, farm, industry, pub^lc place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Roy Gwyther MD
Address Georgetownville, Md. Date signed 9 Aug 48

RECEIVED

SEP 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
City or town near Clements Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Clements Maryland

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St MarysCity or town Clements
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Henry Harris

3. (b) Social Security Number

219-05-1923

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Jan 3 19048. AGE: Years 42 Months 8 Days 3 If less than one day _____ hrs. _____ min.9. Birthplace Clements St Marys Maryland
(Town, county, and state)10. Usual occupation Truck driver

11. Industry or business _____

12. Name Peter H. Harris13. Birthplace St Marys Co14. Maiden name Ella Goldborough15. Birthplace St Marys Co16. Informant Mr Peter H. HarrisAddress Clements Maryland17. Burial Date thereof Aug 11 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St JosephLocation Maryland Maryland18. Funeral director W.C. Mattingley SonAddress Leonardtown Md19. 8/10 48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 19 48 at 5:30 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Death when first seen to seen 19 48
and that I last saw him alive on _____ 19 48Immediate cause of death Asphyxia DURATION minutesDue to Drowning

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: suicide Date of 8/7/48

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? Windsor Park St Marys Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) St Clements BayMeans of injury drowning Injured at work? no23. SIGNATURE Julia L. Lane MD M. D. or other 8/10/48Address Leonardtown Md Date signed 8/10/48

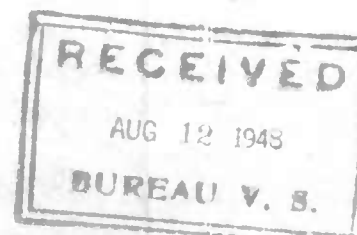
08626

183

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
City or town Potomant Ridge near Hollywood Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St. Marys
City or town Edgington Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2(a) if veteran, name war World # 2

3. (a) FULL NAME

Harold Gene Hills

3. (b) Social Security Number

078-22-7425

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

male white

6. (b) Name of husband or wife Elma Eldene Hills

7. Birth date of deceased (mo., day, yr.) Feb 26 - 1925 - 6. (c) If alive, give age 21 years

8. AGE: Years Months Days If less than one day

23 6 6 hrs. min.

9. Birthplace Novinger, Adams, Missouri
(Town, county, and state)

10. Usual occupation Dry Cleaning

11. Industry or business same

12. Name James O. Hills

13. Birthplace Novinger, Missouri

14. Maiden name Lethel Williams

15. Birthplace Green Castle, Missouri

16. Informant James O. Hills

Address Edgington Park Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof Sept 3 - 1948
(month) (day) (year)

Cemetery or crematory Green Castle, Missouri

Location Green Castle, Missouri

18. Funeral director W C Mattingly Sons

Address Leonardtown Maryland

19. Sept 3 19 48 Leonardtown Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 31 19 48 at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen to seen 19 48

and that I last saw him alive on 19

Immediate cause of death Asphyxia

Due to Asphyxia

Due to Asphyxia

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Sept 31, 1948

Where did injury occur? Greenwood St. Bay, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Driving Injured at work? no

23. SIGNATURE John I. Jones M.D.

Address Leonardtown Md M. D. or other 9/2/48

Date signed 9/2/48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



08628

Evidence for change of

age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170 C

FILM No. G 117 SEP 16 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Mechanicville
(If outside city or town limits, write RURAL and give nearest town)Street No. ✓
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

4. Sex m5. Color or race C6.(a) Single, married, widowed, or divorced m6.(b) Name of husband or wife Annie

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age 1889? years

8. AGE:

Years

Months

Days

If less than one day

59 49

hrs. min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Address

18. Date thereof

19. (Burial, cremation, or removal, Which?)

20. Cemetery or crematory

21. Location

22. Funeral director

23. Address

24. (Date rec'd by registrar)

25. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1948 at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 22 1948 to Aug. 26 1948and that I last saw him alive on Aug. 26 1948

Immediate cause of death

Pneumonia

Due to

Strain

Due to

Strain

Other conditions

Heart ribs, low neck, chain of Ribs lines
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Aug 22, 1948Where did injury occur? Mechanicville, St. Mary's Co.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Highway nearMeans of injury Auto Injured at work? no

23. SIGNATURE

John I. L... M. D. or other 1948Address Leonardtown, Md. Date signed 1948

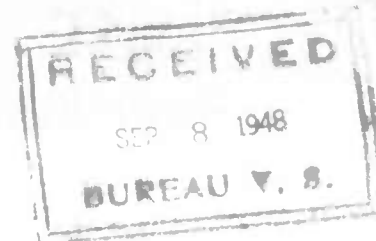
MARGIN RESERVED FOR BINDING

VS AFB 9-45-15M

VS AFB

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1948
8461
1889
69



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St. Mary's
City or town Rural St. Mary's City
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
City or town Rural St. Mary's City
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1/2 mile south of St. Mary's City
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

John HORAK HORAK

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife MARIE HORAK

7. Birth date of deceased (mo., day, yr.) July 1, 1887 8. (c) If alive, give age years

8. AGE: Years 61 Months 1 Days 18 If less than one day hrs. min.

9. Birthplace Czechoslovakia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph HORAK HORAK

13. Birthplace Czechoslovakia

14. Maiden name unknown

15. Birthplace

16. Informant MARIE HORAK MARIE HORAK

Address St. Mary's City, Md.

17. Burial Date thereof August 20, 48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Unity Cemetery

Location St. Mary's City, Md.

18. Funeral director P. B. Robinson

Address Leonardtown, Md.

19. Aug. 19, 48 Registrar P. J. Bean, M.D.
(Date rec'd by registrar) (Date signed)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19, 1948 at 8 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 10, 1948 to Aug. 19, 1948 and that I last saw him alive on Aug. 19, 1948

Immediate cause of death Coronary sclerosis DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Bean, M.D. M. D. or other

Address Date signed Aug. 19, 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08629

940

RECEIVED

AUG 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Leonardtown Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 1/2 hours
 Hospital, institution, or street address where death occurred:
Leonardtown, Maryland
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Mechanicville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

James Alfred Johnson Jr

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male Colored Widowed

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age _____ years

Dec 13 - 1915

8. AGE: Years Months Days If less than one day

32 7 27 hrs. min.

9. Birthplace Mechanicville St. Marys Md
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business _____

12. Name James Alfred Johnson Sr13. Birthplace St. Marys Co14. Maiden name Martha E Butler15. Birthplace St. Marys Co16. Informant James Alfred JohnsonAddress Mechanicville Md17. Burial Date thereof Aug 11 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. JosephLocation Morgans Maryland18. Funeral director W. C. Hattaway SonsAddress Leonardtown Md19. 89 48 Chesapeake
(Date rec'd by registrar) 19 _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1948 at 5:25 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 8 1948 to August 8 1948and that I last saw him alive on August 8 1948

Immediate cause of death _____ DURATION

Extreme head injury 2 hoursDue to Trauma

Due to _____

Other conditions Copied fracture of left leg and right forearm 2 hours
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/8/48Where did injury occur? Forest Hill St. Marys Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HighwayMeans of injury automobile Injured at work? no23. SIGNATURE Julie I. Lane MD M. D. or otherAddress Leonardtown Md Date signed 8/11/48

RECEIVED

AUG 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

08631

1. PLACE OF DEATH:

County St. Mary
 City or town Pearson
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:

Pearson Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary

City or town Pearson
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Jessie C. Knott

3. (b) Social Security Number

214-16-7166

4. Sex mar 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Ruthleen Knott

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Oct 13 - 1874

8. AGE: Years 53 Months 9 Days 24 If less than one day _____ hrs. _____ min.

9. Birthplace Chaptin St. Marys Maryland
 (Town, county, and state)

10. Usual occupation Freelance

11. Industry or business same

12. Name George Knott

13. Birthplace St Marys Co

14. Maiden name Idea B. Barbours

15. Birthplace Chaptin St. Marys Co

16. Informant Mrs Ruthleen Knott

Address Bush Wood Md

17. Burial Date thereof Aug 10 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lacand Heart

Location Bush wood md

18. Funeral director W C Mathingley Son

Address Leonardtown

19. Aug 48 Registrar Cannell
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 7 1948 at 9:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen 19 1948

and that I last saw him alive on _____ 19 _____

Immediate cause of death Strangulation asphyxia

Due to Hanging

Due to _____

Other conditions _____

Major findings of operations _____

Autopsy results Asphyxia due to hanging

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of Aug 7 1948

Where did injury occur? Pearson St. Marys Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury suicide hanging Injured of work? no

23. SIGNATURE Julia L. Lane M. D. or other MD

Address Leonardtown MS Date signed Aug 10 1948

RECEIVED

AUG 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 days
 Hospital, institution, or street address where death occurred:
Leonardtown Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles
 City or town Issue Charles
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war. _____

3. (a) FULL NAME

Paul John Martin

3. (b) Social Security Number

4. Sex MALE 5. Color or racemale white 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Nov 4 1887 6.(c) If alive, give age _____ years8. AGE: Years 60 Months 9 Days 1 If less than one day _____ hrs. _____ min.9. Birthplace Washington D.C.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name William J. Martin13. Birthplace New Orleans14. Maiden name Margaret Koch15. Birthplace Washington D.C.16. Informant Mr. A. H. KingAddress Leonardtown md17. Burial Date thereof Aug 9 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. AlbansLocation Leonardtown md18. Funeral director W. C. Mattingly SonAddress Leonardtown md19. 8/17 1948 Cummins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1948 at 1130 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1948 to Aug 5 1948and that I last saw him alive on just after death Aug 5 1948Immediate cause of death Coronary Arteriosclerosis DURATION Half hourDue to Arterio Sclerotic Disease Unknown

Due to _____

Dieter conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Francis F. Cummins
M. D. or other _____Address Leonardtown md Date signed Aug 5 1948

RECEIVED

AUG 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. ^{no correct age} is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

08633

1. PLACE OF DEATH:

County St. Marys
 City or town Cove Point Chesapeake Bay
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? none on boat
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa County White Hall
 City or town White Hall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 4733 Cherry Rd
 (If rural, give LOCATION)
 2.(a) If veteran, name war SPH 27 PA

3. (a) FULL NAME

William P. Nugent

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife

Nancy Annie

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age

Jan 19 - 1895 45 years

8. AGE: Years Months Days It less than one day

03 7 5 hrs. min.

9. Birthplace (Town, county, and state)

Bishop Washington Co. Pa.

10. Usual occupation

Justice Peace

11. Industry or business

12. Name

John Nugent

13. Birthplace

unknown

14. Maiden name

unknown

15. Birthplace

16. Informant

Nancy Annie NugentAddress 4733 Cherry Rd Pa

17. (Burial, cremation, or removal. Which?) Date thereof

burial Aug 23 - 1948

(month) (day) (year)

Cemetery or crematory

Jefferson Park

Location

Allegheny Co Pa

18. Funeral director

Walter E. Griffith

Address

Broughton Pa

19. (Date rec'd by registrar)

Aug 23 19 48 7 A Canale

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 20 19 48 at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Death in full seen 19and that I last saw him alive on 19

Immediate cause of death

Coronary thrombosis 15 min.

Due to

Arterio-sclerosis years.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results Coronary thrombosis Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John I. Leonardson M.D. or otherAddress Leonardson, Md. Date signed 8/22/48



CORRECTION of wife's name made thru affidavit of informant claiming error was made at time of giving information plus funeral director's statement filmed G117 9-24-48 LL.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County POTOMAC RIVER

City or town WHITE POINT
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Few hours

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County P. River

City or town WASHINGTON ANACOSTIA
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4527 - TEMPLE LAKE
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

George Watson Sanford

3. (b) Social Security Number

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED

6. (b) Name of husband or wife SALLY E. SANFORD

6. (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) MARCH 7, 1918

8. AGE: Years 30 Months 5 Days 12 If less than one day
..... hrs. min.

9. Birthplace WASHINGTON D.C.
(Town, county, and state)

10. Usual occupation BUS DRIVER

11. Industry or business HAULING

12. Name PHILLIP SANFORD

13. Birthplace WASHINGTON D.C.

14. Maiden name FLORENCE OXFORD

15. Birthplace ALLENTOWN, PA.

16. Informant ROBERT P. SANFORD

Address 2105 - MICHOLS AVE. WASH D.C.

17. BURIAL Date thereof Aug. 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MT. OLIVET

Location BLANCKESBURG ROAD, D.C.

18. Funeral director W. C. MATTHEW KEY SONS

Address LEONHARTOWN, MD.

19. Aug 21, 1948 F. A. Camalich
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19, 1948 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Weeks before death and that I last saw him alive on 19

Immediate cause of death

Asphyxia

Due to Drowning

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/19/48

Where did injury occur? White Point St. Marys, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Potomac River

Means of Injury Drowning Injured at work? no

23. SIGNATURE Julian I. Sane

Address Lebanon, Md. Date signed 8/21/48

MARGIN RESERVED FOR BINDING

VS A15 9-45:15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 24 1948

BUREAU V. K.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town Drayden
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County St. Marys
 City or town Drayden
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Ullie F. Smith

3. (b) Social Security Number

4. Sex m 5. Color or race C 6.(a) Single, married, widowed, or divorced w.

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Feb. 1881? 6.(c) If alive, give age _____ years8. AGE: Years 67? Months _____ Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Frank Smith13. Birthplace Maryland14. Maiden name Addie Smith15. Birthplace Maryland16. Informant Paul M. SmithAddress Drayden, Md.17. Burial Date thereof 8/29/48
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory St. MarksLocation Valley Lee, Md.18. Funeral director A. B. RobinsonAddress Leonardtown Md.19. 8/29 1948 Carnalio
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1948 at 6 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from dead rules first seen 1948
and that I last saw him alive on 1948

Immediate cause of death _____

Coronary sclerosis DURATION 1 yearDue to Arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

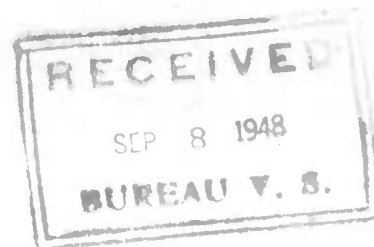
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ullie F. Smith M. D. or otherAddress Leonardtown Md. Date signed after her



PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
 City or town Queen Anne's
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all his life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
 City or town Sherrille
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Joe Woodley Sommerville

3. (b) Social Security Number

4. Sex Male 5. Color or race Caf 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mary Hodge Sommerville

7. Birth date of deceased (mo., day, yr.) 1867 6. (c) If alive, give age 81 years

8. AGE: Years 86 Months Days If less than one day
 hrs. min.

9. Birthplace St. Mary's
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Robert Sommerville

13. Birthplace Queen Anne's Co

14. Maiden name Fannie Sommerville

15. Birthplace Mary's Co

16. Informant Joe L. Sommerville

Address Sherrille Maryland

17. Buried Date thereof Aug 31-1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory St. Joseph Cemetery

Location Morganza Md

18. Funeral director E. C. Mattingley Son

Address Maryland Md

19. 8/30 19 48 Frank Causler
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1948 at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1948 to 1948

and that I last saw him alive on Aug 23 1948

Immediate cause of death Cardio Vascular Disease

Due to Arterio Sclerosis

Other conditions

Due to

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

1869
86
1948

RECEIVED
SEP 2 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County St. Marys
 City or town Burrus (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Burrus
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife May M. Thomas
 7. Birth date of deceased (mo., day, yr.) Unknown 1890?
 8. AGE: Years 58? Months _____ Days _____ If less than one day _____ hrs. _____ min.
 6.(c) If alive, give age 54 years

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1948, at 6:30 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-6-48 to 8-6-48 and that I last saw him alive on 8-6-48
 Immediate cause of death Cerebral aneurysm
 DURATION 8 hrs

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business _____
 12. Name William Thomas
 13. Birthplace Maryland
 14. Maiden name Anna Young
 15. Birthplace Maryland
 16. Informant Albert Williams
 Address Bushwood, Md.
 17. Burial Date thereof 8-10-48
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Sacred Heart
 Location Bushwood, Md.
 18. Funeral director P. B. Robinson
 Address Leonardtown, Md.
 19. 8-8-48 1948 H. V. Paeum
 (Date rec'd by registrar) Registrar

Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)
 Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE Robert V. Paeum
 M. D. or other
 Address arcum md Date signed 8-8-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 282

1. PLACE OF DEATH:

County St. Mary's
City or town Coral Heights
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St. Mary's
City or town Jacksboro
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Jerry Thurmon Jr

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced wife

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Nov 27-1945 6.(c) If alive, give age _____ years

8. AGE: Years 2 Months 9 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace Jacksboro St. Mary's Maryland
(Town, county, and state)

10. Usual occupation Baby

11. Industry or business

12. Name Jerry Thurmon

13. Birthplace Georgia

14. Maiden name Maude Bell Hunt

15. Birthplace Georgia

16. Informant Jerry Thurmon

Address 6 Melissa Coral Heights Md

17. Burial Date thereof Sept-1-1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Fair

Location Jacksboro Md

18. Funeral director W.C. Mathewley Bros

Address Leonardtown Md

19. Aug 31 19 48 F.A. Canalee M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 19 48 at 8:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Death when first seen 13

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

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Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

Other conditions _____

DURATION

1 hour

1 day

Autopsy results Pul. edema; pneumonia Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Julia J. Jones M.D. or other _____

Address Leonardtown, Md. Date signed 8/31/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08638

1098

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SEP 3 1948

BUREAU V. S.

08639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

183

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Marys
 City or town near Holly Wood Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 hours

Hospital, institution, or street address where death occurred:
Holly Wood R.F.D. #2 Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Va County Fairfax

City or town Fall Church
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 310 - Fairfax
 (If rural, give LOCATION)

2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Thomas Hall, Vick

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Catharine May Vick

6.(c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Oct 19 - 1913

8. AGE: Years 34 Months 10 Days 11 If less than one day
 hrs. min.

9. Birthplace Rocky Mount Nash. N Carolina
 (Town, county, and state)

10. Usual occupation Meat Cutter

11. Industry or business same

12. Name Daniel, Vick

13. Birthplace North Carolina

14. Maiden name Katie B Vick

15. Birthplace North Carolina

16. Informant Mrs. Catharine May Vick

Address Fall Church, Va

17. Burial Date thereof Sept 2, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Rocky Mount North Carolina

18. Funeral director W.C. Mattingley Sons

Address Leonardtown Maryland

19. 8/20 19 48 Frank A. Chaslin
 (Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 19 48 at 3.00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 12.00 to 1.00 P.M.

and that I last saw him alive on 19

Immediate cause of death Asphyxia DURATION minutes

Due to Drowning

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date 8/29/48

Where did injury occur Clark's Landing St. Marys, Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Public place

Means of Injury Drowning Injured at work? no

23. SIGNATURE (Signature) Frank A. Chaslin
 M. D. or other

Address Leonardtown Md Date signed 8/30/48

MARGIN RESERVED FOR BINDING

VS-A15 9-4.5-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
 City or town Leonardtown Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 days
 Hospital, institution, or street address where death occurred
St Marys Hospital Leonardtown Md
 How long in hospital or institution? 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Mechanicville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. A. F. D. # 2
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

WILLIAMS, SARAH BELLE

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife JOSEPH WILLIAMS
 6. (c) If alive, give age 56 years
 7. Birth date of deceased (mo., day, yr.) June 11 - 1876
 8. AGE: Years 72 Months 2 Days 18 If less than one day
 hrs. min.

9. Birthplace Luna Home St Marys Maryland
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business same

12. Name Jack Wood

13. Birthplace St Marys Co

14. Maiden name Sue Williams

15. Birthplace St Marys Co

16. Informant Joseph William

Address Mechanicville Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof Aug 31 - 1948
 (month) (day) (year)

Cemetery or crematory St Joseph Cemetery

Location Morganza Md

18. Funeral director W. E. Mattingley Sons

Address Leonardtown Maryland

19. of 30 19 48 Frank Cavalier
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 Aug 19 48 at 7²⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
2 April 19 48 to 28 Aug 19 48
 and that I last saw her alive on 28 Aug 19 48

Immediate cause of death Hypostatic pneumonia

Due to Cerebral hemorrhage

Due to Hypertensive cardiovascular disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roy Guyther, MD M. D. or other

Address Mechanicville Md Date signed 28 Aug 48

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SEP 2 1948

BUREAU V. S.